

How Can Departments and Institutes/Service Lines Work Well Together within the Academic Health Center?

Current Realities

- Patient-centered care, not academic specialty-centered care
 - See Lee, Cosgrove; Harvard Business Review, June 2014
- Reimbursement for entire episode of care or care over time – not just a single physician type
- Team science vs departmental science
- System-based vs local practice
- Academic identity, advancement, and support are important, and departmental based.

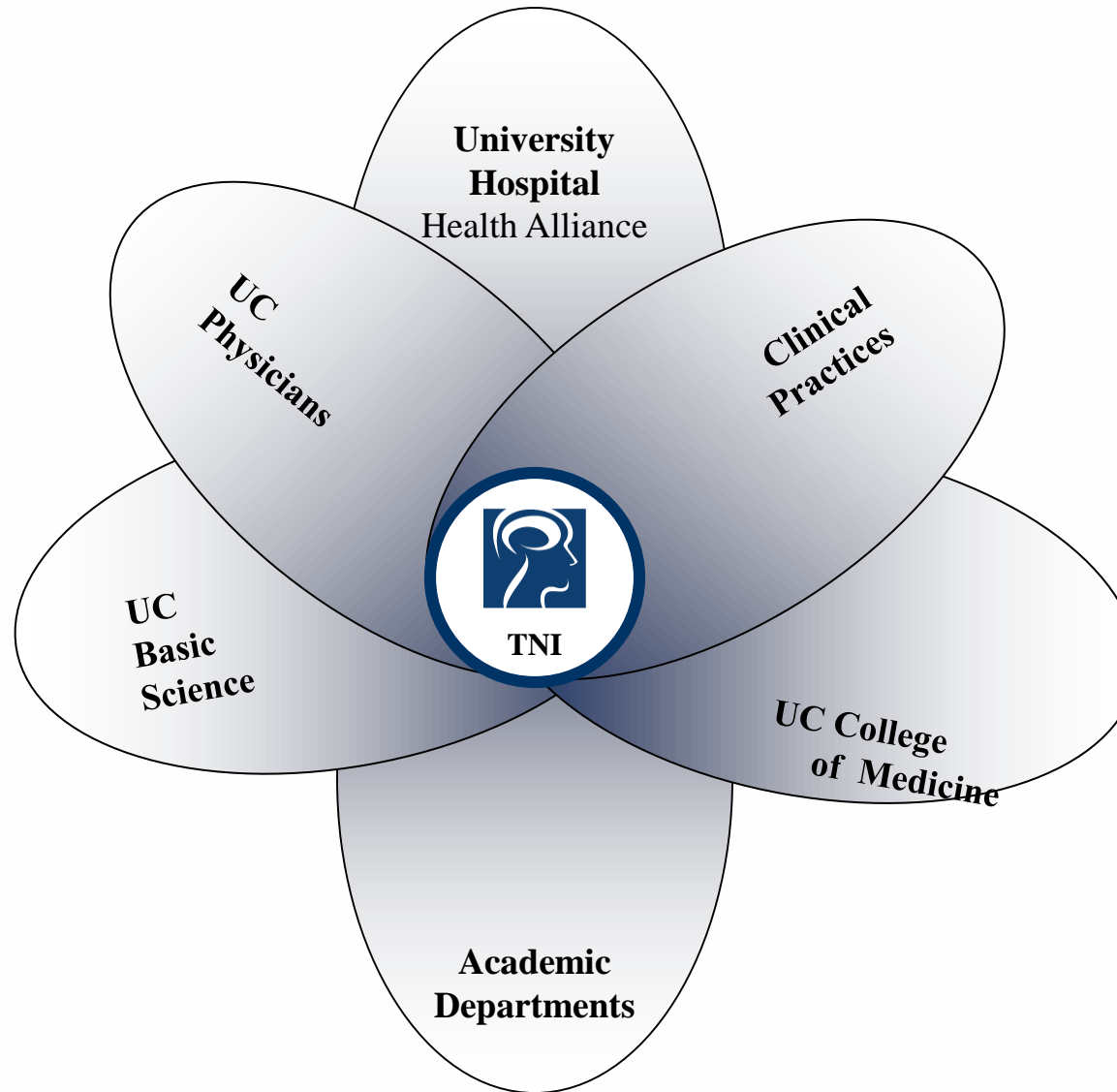
Domains of Departments and Institutes

- Departments
 - Academic – manage education and research – tied primarily to COM
 - Traditionally manage own clinical practice: faculty and staff
 - Promotion and certification – physician identity
 - Traditionally funds for these activities flow through department
- Institutes/Service Lines
 - Predominantly clinical (service lines), research or both clinical and research (institutes)
 - Span departments – both clinical and research
 - Separate funds flow from department
 - Faculty and staff are almost always in both Department and Institute

The Neuroscience Institute (TNI)

- Established in 1998 in response to service line request from Health Alliance (\$1 million dollars a year to support service-line infrastructure).
- A center of excellence located at University Hospital in Cincinnati and the University of Cincinnati College of Medicine
- Physician-led and driven
- Neurosurgeon – Clinical Director, Neurologist – Research Director
- \$100,000 for pilot multidisciplinary research awards

TNI Collaboration Early 2000s



- Neurology
- Neurosurgery
- Neuroradiology
- Radiation Oncology
- ENT, Head & Neck Surgery
- Emergency Medicine
- PM&R
- Neuro-ophthalmology
- Internal Medicine
- Psychiatry

Wins for TNI

- Basis for fundraising
- Pilot studies with large ROI
- Nursing staff certification, consolidation
- Standardized marketing and branding
 - But not UC...
- Congress of physicians with shared purpose
- What it was not (for the most part):
 - Organized around the patient, not a real clinical service line—no operational connectivity

Five Centers of Excellence



The Neuroscience Institute

University Hospital ■ University of Cincinnati
Cincinnati, Ohio College of Medicine

The Center for Functional Neuroscience

Parkinsonism, tremor, disorders
of the senses, and pain

The Center for Neurotrauma

Head and spinal cord
injury, rehabilitation,
and trauma prevention

The Center for Advanced Brain Tumor Research and Treatment

Brain tumors, pituitary tumors,
spinal cord tumors, and other
tumors of the head and neck,
restorative treatment program






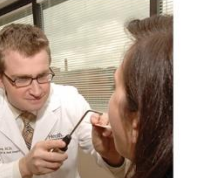






The Center for Neurovascular Disease

Stroke, aneurysms,
and arteriovenous
malformations (AVMs)

Cincinnati Epilepsy Center

Epilepsy
and seizures

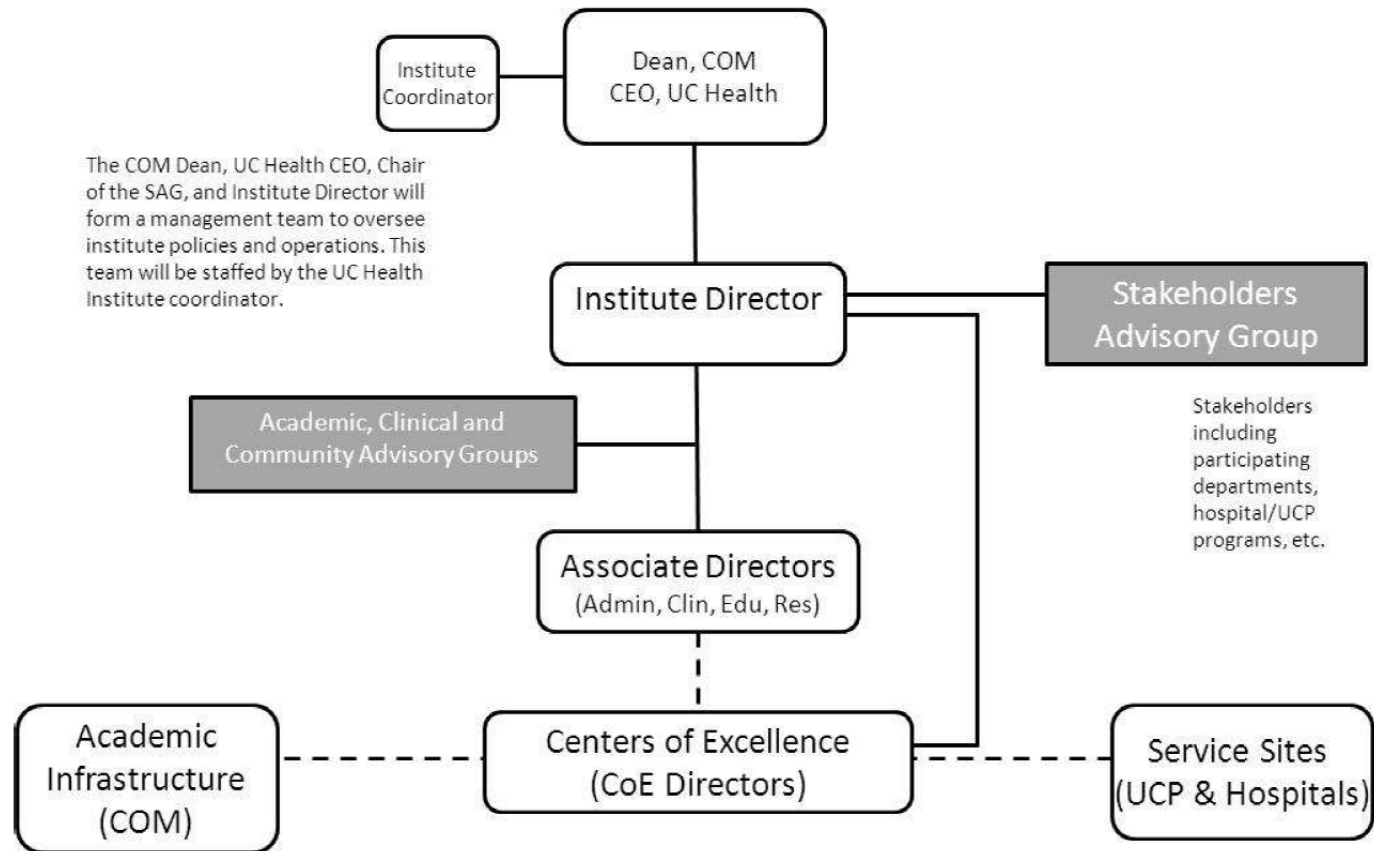


Mood Disorders Center	Memory Disorders Center	Gardner Center for Parkinson's Disease and Movement Disorders	Waddell Center for Multiple Sclerosis	Epilepsy Center	Neurosensory Disorders Center
					
Neurotrauma Center	Comprehensive Stroke Center	Brain Tumor Center	Neuromuscular Center	Neurobiology Research Center	Headache and Facial Pain Center
					

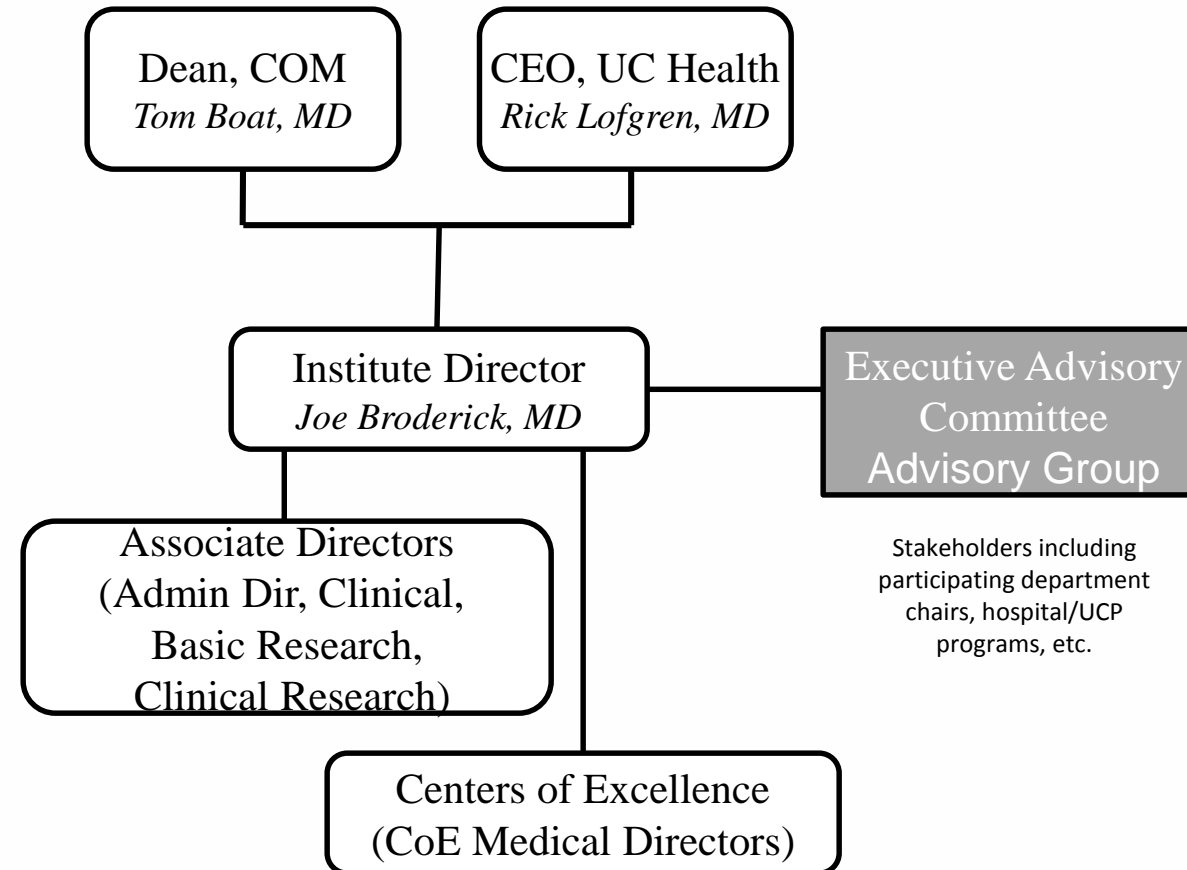
Twelve Centers

UC Health White Paper 2012

Figure 1: UC Health & COM - Institute Governance Structure



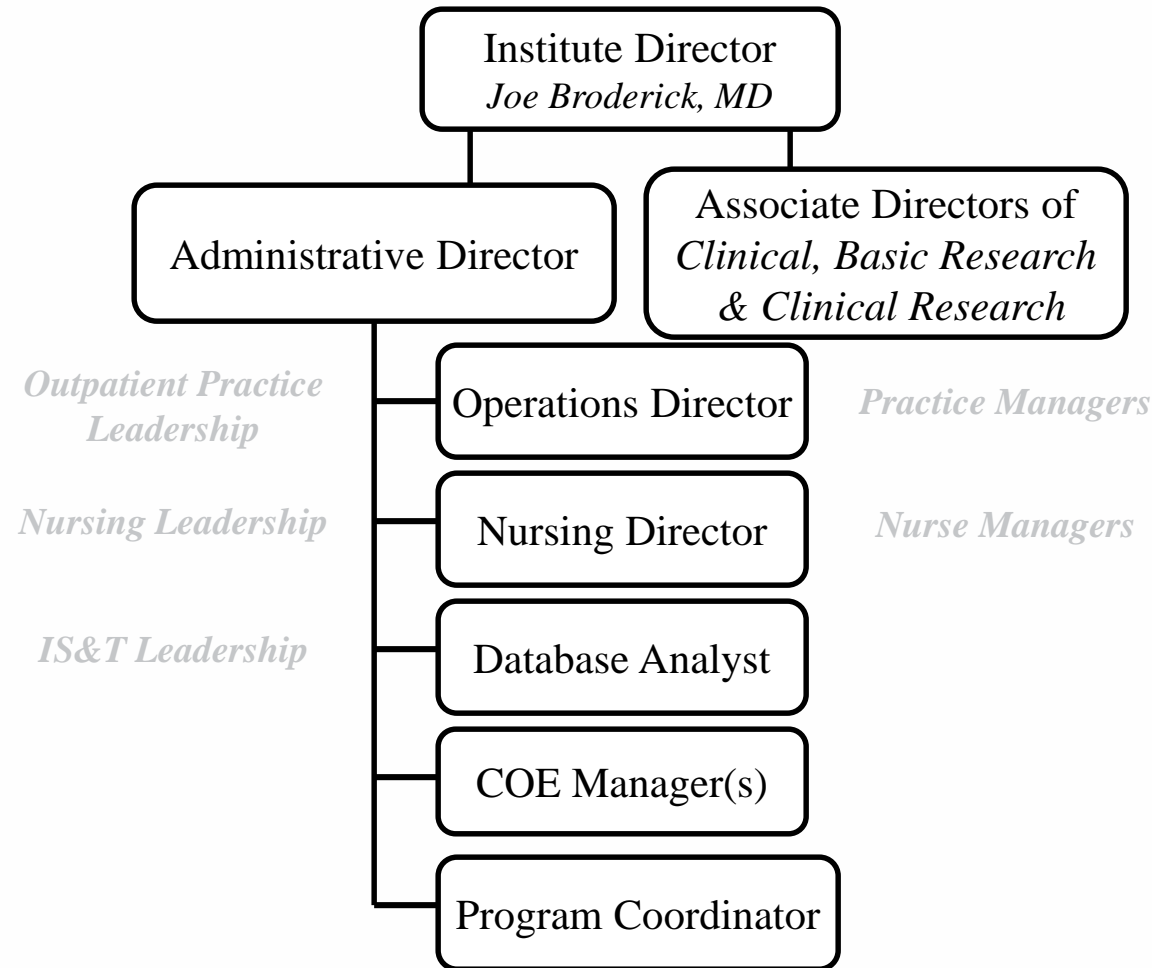
UC Neuroscience Institute Governance* Structure - 2014



*Governance is the system of relationships by which the institute is directed and controlled. The governance structure specifies the rights and responsibilities among the various participants and specifies the rules and procedures for making decisions. Governance provides the structure through which the organization sets and pursues objectives, and monitors the actions, policies decisions, and progress of the institute. Governance involves the alignment of interests among stakeholders.

UC Neuroscience Institute Management* Structure

Matrix Relationships



*Management is the function of positions within an organization that coordinate the efforts of people to accomplish goals and objectives using available resources efficiently and effectively.

Evolution of Structure and Relationships

- **CFAR Consultation -2014.** UC/UC Health Institutes Initiatives - Decision Charting Survey November 3, 2014
- 2015 – Dean and CEO one-page white paper about Institutes and Departments
- 2016 – New UC Health draft on structure of institutes and service lines and relationships to departments

Departmental Point of View

Departmental Realities

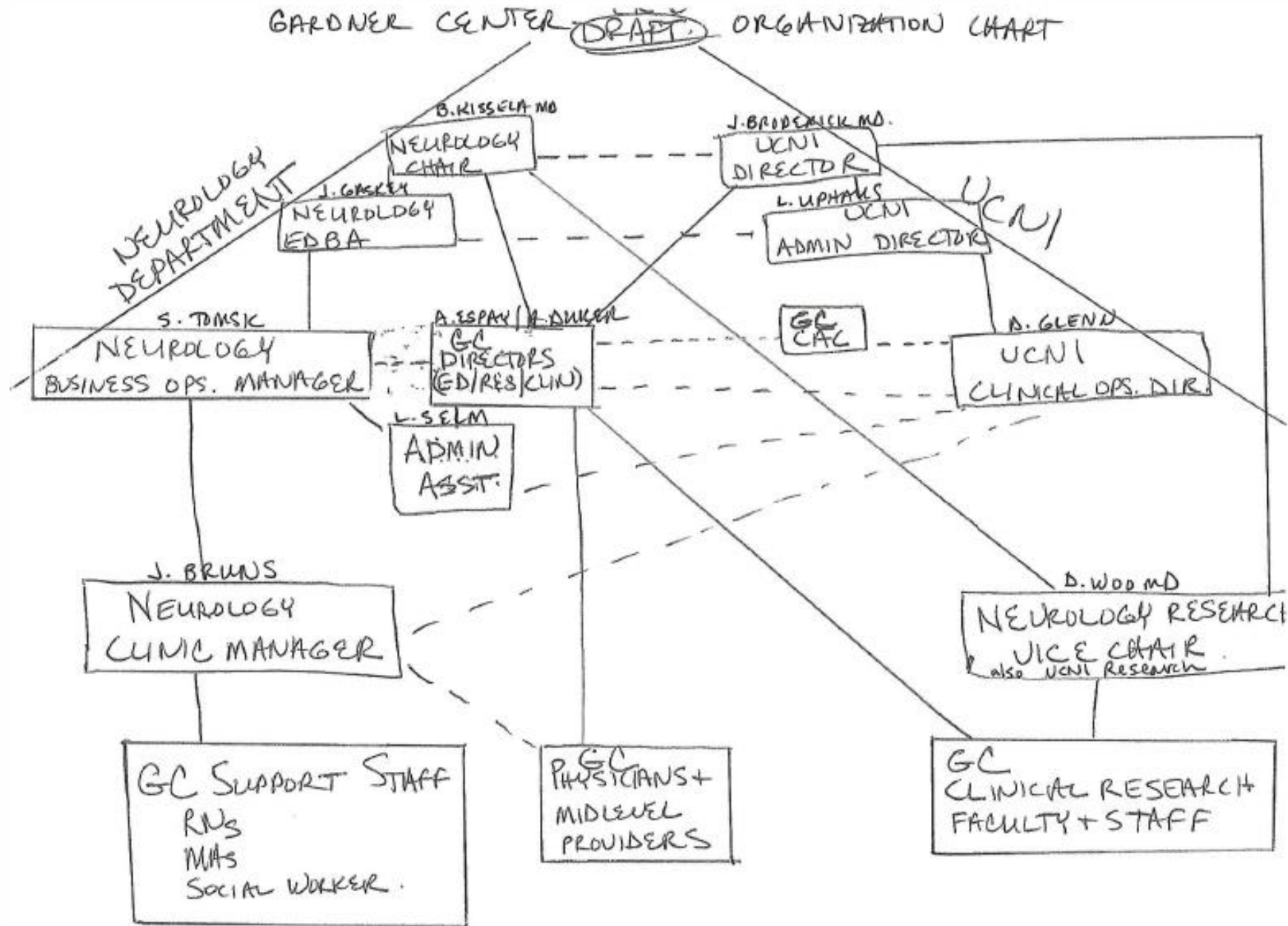
- The value of institutes/service lines are hard to argue against, because multidisciplinary care is the way of the future and SHOULD be
- Patients must come first—lack of collaboration is single biggest dissatisfier on Press Ganey
- But institutes can cause tension for the chair role
- The hard part is finding a way to maximize the “good” of institutes/service lines without removing/weakening the “good” of departments

Departmental Realities

- The hard part is finding a way to maximize the “good” of institutes/service lines without removing/weakening the “good” of departments
- Strength in numbers
- Value of cross subsidization, examination of all of neuroscience as one entity (which it is to UC Health)

Harvard Chair Course

- Case studies--Hopkins
- Service lines/institutes:
 - Spectrum:
 - Consultative Model
 - All-in model
 - Both can work
 - May be dependent upon environment—is health care system “dominant” or COM?
- Boxology—and how it can fail in distributed/matrix decision making



Departmental Realities

- Consider Cancer Institute/Service Line
- Key elements might be Internal Medicine and Surgery
- Surgical Oncology = division, fits well as a surgery unit inside institute
- Heme/Onc = division, fits well inside institute
- Institute Director = integrator of these divisions that cross department lines
- Chairs--still have influence, especially regarding hiring/firing, strategic direction, etc.
 - Direct authority over division directors

Departmental Realities

- Consider Neuroscience Institute/Service Line
- What exists in a Neurology department that wouldn't be fully encompassed by the Institute?
- CFAR exercise—10 scenarios, assign responsibilities/roles; only role that fell exclusively to chair was discipline the bad doctor
- But...
 - Hiring/firing into academic home is department activity
- Bottom line—CFAR didn't resolve the institute/department tensions, or significantly clarify roles

Departmental Realities

- At the end of the day, the Chair is a middle manager
 - Only the Dean can fire me, but I will fail if I don't work well with health system leaders
- The relationship with Institute is important – Structure matters in that personalities can change, so defined roles are very important
- Money flow matters

Institutes

- Institutions struggle with the integration of institutes and departments with respect to governance, management, and delineation of decision making.
- Key questions
 - What should be included and what shouldn't be?
 - What is the value added? What do we do better together than apart (as departments)
 - Who makes decisions regarding what and when?
 - What functions are best located within Institute and what within Departments?

What should be included and what shouldn't be?

- Identity is important - “neuroscience”. Neurology, Neurosurgery, Psychiatry
- For other Departments, use patient and their illnesses as guide
 - ENT – skull-base and pituitary tumors, balance disorders, speech and swallowing. Not allergy, head and neck cancer, etc.
 - Neuroradiology not Radiology

What is the value added?

- Focus on what is best for patient, not department
- Practice integration – multidisciplinary
- Fundraising
- Marketing
- Helpful for departments in competition for internal resources – particularly if the institute/service line is priority within organization
- Team science including pilot funding

Who makes decisions regarding what and when?

- Hardest question – gets at governance and management
- Matrix decision making – shared
- Institute Executive Committee of key departmental and service line leaders
- Two examples:
 - In our system, Institute Director participates and has major input into recruitment of faculty, but ultimately is not the person who hires (Chair does)
 - Individual chairs have input into how marketing dollars are spent but don't make final decision (Institute Director does)






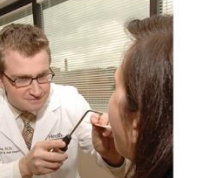






What functions are best located within Institute and within Department?

- Institute
 - Patient-centered care processes
 - all locations
 - Facility planning
 - Marketing/Communication
 - Fund-raising
 - Community education
 - Hospital-based practice, transitions of care
 - Data and metrics for neuroscience overall (financial, patient satisfaction, research funding, etc.)
 - Pilot research funding
 - Shared reporting of Center Directors with Chairs
- Departments
 - Hiring, development, and evaluation of faculty
 - Academic promotion
 - Medical student, resident and fellow education
 - Faculty practice (also shared focus on patient-centered care)
 - Chairs should participate strongly in fund-raising – may take the lead on certain programs or donors
 - Chair has many more primary direct reports than Institute Director

Why Service Lines Fail

- Try to change the fabric of both clinical care by service line AND departmental function
- Clinical Service Line Director
 - meant to be highly operational
 - Look at big picture outcomes
 - Think about standardizing practice
 - “Keep evil suits out of the way”—Pete Gilbert, 10/4/16



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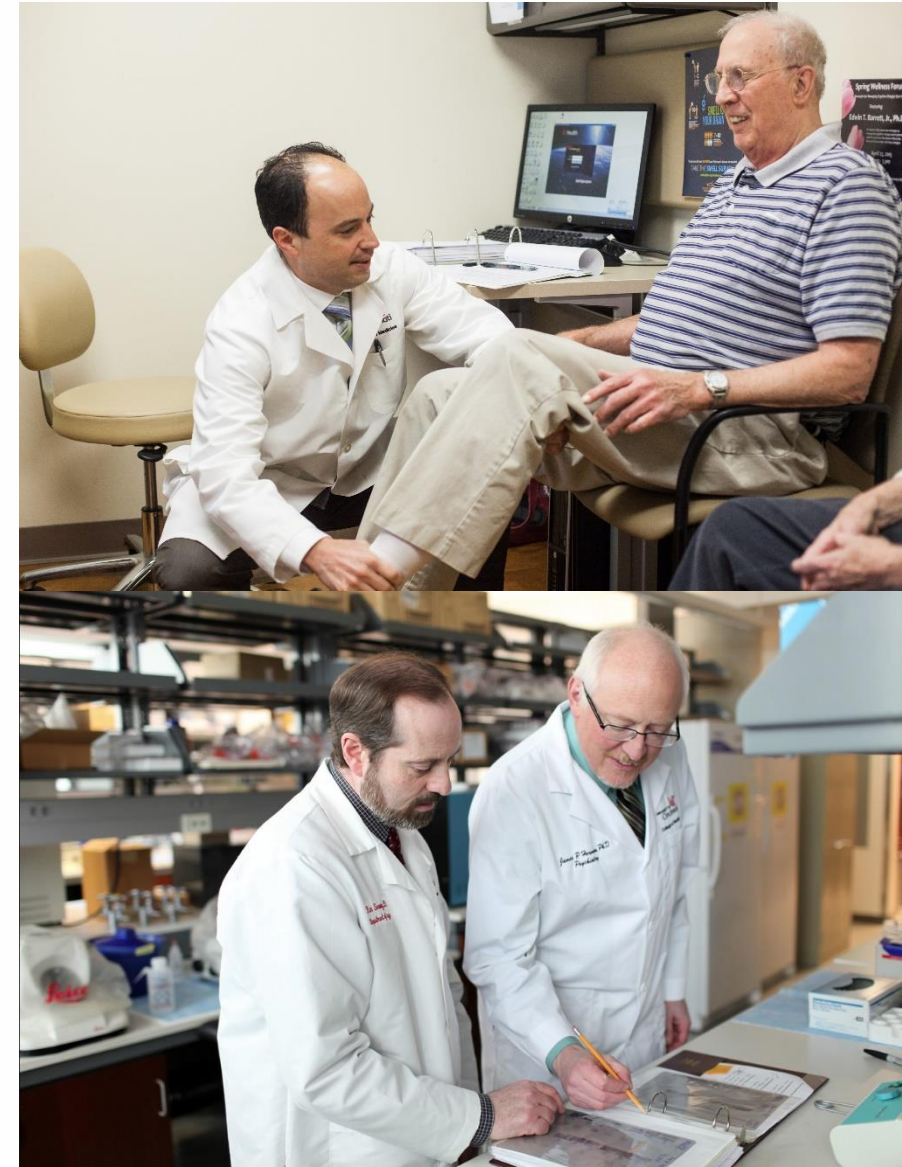
Gardner Center

Clinical

- 22 ongoing clinical trials
- Development of new proven therapies

Basic science

- New animal models of Parkinson's
- Stress-induced depression
- Testing novel treatments



Gardner Center

Community / Patients

University of Cincinnati Neuroscience Institute
GARDNER FAMILY FOR PARKINSON'S DISEASE & MOVEMENT DISORDERS



Parkinson's Disease Symposium & Expo
a free educational event for patients, caregivers and family members

<p>Symposium Saturday, September 6, 2014 Oasis Conference Center, Loveland, Ohio</p> <p>Join our experts for a candid discussion of the challenges of managing PD, new opportunities and alternative treatments.</p>	<p>Ride/Walk/Run Sunday, September 7, 2014 Yeatman's Cove at Sawyer Point</p> <p>In addition to the 25K, 40K and 100K bike rides, there will also be a 5K run & walk.</p>
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Physicians

UNIVERSITY OF CINCINNATI

UNUSUAL MOVEMENT DISORDERS MARATHON SYMPOSIUM

May 15, 2013 5:00 - 10:00 pm | The Cincinnati Club

ABOUT: In this Unusual Movement Disorders Marathon Symposium, each of 12 Case Presenters will highlight the features of a patient with a movement disorder about whom they learned never-forgotten lessons, which forever changed the way they thought about a disease or about a treatment.

This will truly be a Marathon, with short breaks strategically allocated to stretch out the faculty's neurological resources while complying with everyone's urological demands. Twelve cases will be presented in three 4-case blocks (1.5 hours each, approximately), with two 15-minute breaks. The thirteenth case will be up for grabs to the mind that remains nimble despite long grueling hours of phenomenological, etiological, and management debates.

FUEL: There will be a variety of chef-quality nutritional choices available until 9:00 PM, and non-stop supply of beverages (open bar) for as long as the marathon remains active in order to maintain brain lubrication.

SYMPOSIUM DIRECTOR:
Alberto J. Espay, MD, MSc

REGISTER: kelly.lyle@uc.edu
University of Cincinnati Neuroscience Institute
GARDNER FAMILY CENTER FOR PARKINSON'S DISEASE & MOVEMENT DISORDERS

CASE DISCUSSANTS:
Anthony E. Lang, MD, FRCP
Joseph Jankovic, MD
Kapil Sethi, MD, FRCP

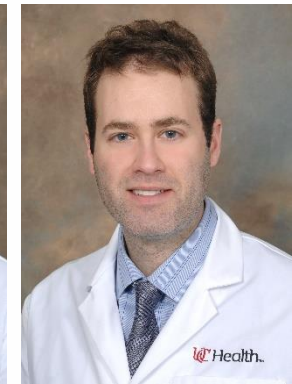
PRESENTERS & THEIR CHALLENGING CASES:
"A young woman with a long history of shaking" Leo Verhagen, Chicago
"An unusual progressive movement disorder" David Riley, Cleveland
"A case of the bobble head" Cindy Zadikoff, Chicago
"Siblings with difficulty in walking and balance: New wine in old bottle" Aparna Wagle-Shukla, Gainesville
"A case of persistent falling with a mysterious MRI" Robert Rodnitzky, Iowa City
"Losing the mind and then gaining it back" Shyamal Mehta, Augusta
"Two adult siblings: One with dystonic gait; one with parkinsonian gait." Daniel Lasy, Boston
"An incoordinated lady who could not calculate" Orlando Barsottini, Sao Paulo
"The man who couldn't refrain from coughing" Francesca Morgante, Sicily
"Late-onset levodopa-responsive SWEDD: a new entity?" Alfonso Fasano, Rome
"Pisa in London: a bent spine" Mark Edwards, London
"Young woman with subacute ataxia" Hector Gonzalez Usigli, Mexico

THANKS TO OUR SPONSORS:



The Movement Disorder Society

Future Leaders



Gardner Center



5,650 **[983]**
Total Patients New Patients

DBS
surgeries



40



14

Grant
submissions



43

Journal
publications

Our Vision ...

A coordinated, compassionate care home for people afflicted with Neurological and Psychiatric Disorders



Vision of Place

- *“We would like this to be a place where patients and families feel it's a home for their disease or problem - where you get diagnosed, treated, learn about your problem, and can interact with other people who also have the problem to share best ideas and to help one another”*

Vision of Place

- *“We would also like this to be a professional home for the physicians and other health care personnel who work in the building. A place where patient-centered care is central to everything we do, collaboration is facilitated, and research and education are integrated”*

Patient Centered



